

CHICAGO DEPARTMENT OF FINANCE

BUSINESS CHANGE FORM FOR TAX PURPOSES ONLY

BCF

(DO NOT USE THIS FORM IF YOU HOLD A CHICAGO BUSINESS LICENSE. FOR LICENSE CHANGES, CALL 312-747-IRIS (4747))

Please email completed document to: RevenueDatabase@cityofchicago.org

or fax to (312)747-1890 attn: Database or Return to Chicago Department of Finance, Database Unit, 333 S. State Street Chicago IL 60604

I. Account Information Before Business Change

IRIS Account # _____ Site # _____ Medallion # _____ Date Acquired _____

Business Name _____ Owner Name _____

Business Address _____ F.E.I.N. _____

Mailing Address _____ I.B.T.N. _____

II. Change in Business Name or Address

New Business Name _____

New Business Address _____ City _____ State _____ Zip Code _____

New Mailing Address _____ City _____ State _____ Zip Code _____

III. Change of Responsible Person(s)

Provide the name and title of all new officers, general partners, or Limited Liability Company managers.
(Attach separate sheets if necessary).

Name _____ Title _____

Name _____ Title _____

IV. Change in Business Operations

Identify and explain any changes in services, products, or internal operations that may require your business to pay other Chicago taxes. (Attach separate sheets if necessary). If your change makes your business subject to a Chicago tax, complete an Affidavit (For Initial Taxable Period). If your change makes your business no longer subject to a tax, complete an Affidavit (For Final Taxable Period). If your business ceased operations you must file all tax returns within 45 days after the close of the business.

If your business ceased operations (out-of-business), provide date and attach supporting documents. Date _____

If your business ceased operations due to a change in ownership, please provide buyer's information in Section V.

V. Change in Ownership

If you sold or transferred the business or medallion named in section I above, provide the buyer information below and check Transferee. If you purchased or acquired by transfer the business or medallion named in section I above, provide your information below and check Transferee. If you are the business in section I above and you are acquiring another business, provide the information of the acquired entity and check Transferor. Provide the date of change in ownership. **You must contact the Department of Finance Bulk Sales Unit and complete a Bulk Sales Notification Form 45 days before the date of sale.**

Name _____ Phone () _____

Address _____ IRIS Account #(if known) _____

(Check one) Transferee _____ Transferor _____ Date of Change in ownership _____

VI. Comments

VII. Owner/Officer Statement

Under penalty or perjury, I certify that I have examined this Business Change Form and it is true, correct, and complete.

Print Name _____ Date _____

Signature _____ Title _____ Phone () _____